

## Vaccines Required For School Attendance 1

September 2005-June 2006 **WAC 246-100-166** 

GRADE	DTaP/DTP/DT/Td	POLIO	MMR <sup>6</sup>	HEP B
Kindergarten (ages 4-6)	5 doses Pertussis-containing vaccine recommended <sup>2</sup> The last dose must be received on or after the 4 <sup>th</sup> birthday.  4 doses acceptable <sup>3</sup> provided the last dose is given on or after the 4th birthday	4 doses recommended <sup>2,5</sup> The last dose must be received on or after the 4 <sup>th</sup> birthday.  3 doses acceptable <sup>3</sup> provided the last dose is given on or after the 4th birthday	2 doses MMR recommended <sup>2,7</sup> both given on or after the 1st birthday and at least 28 days apart	3 doses <sup>2,8</sup>
Grade 1-8 (ages 7-13)	5 doses recommended <sup>2</sup> The last dose must be received on or after the 4 <sup>th</sup> birthday.  Booster dose of Td recommended at age 11-12		2 doses Measles; 1 dose Mumps & 1 dose Rubella acceptable both given on or after the 1st birthday and at least 28 days apart	
Grade 9-12 (ages 14-18)	3 doses acceptable <sup>3</sup> provided the last dose is given on or after the 4th birthday <sup>4</sup> Pertussis is not required after age 7			3 doses recommended, <sup>2</sup> not required

There is no maximum interval between doses. Series does not need to be restarted if there is an interval longer than the usual recommended interval.

Minimum ages and intervals are an essential part of vaccine administration and apply to all vaccines and doses.

The General Recommendations on Immunizations recommends that vaccine doses administered ≤ 4 days before the minimum interval or age be counted as valid. Washington State Immunization Program allows the use of the 4-day "grace period" ONLY for assessment of records and record review.

## Footnotes for Vaccines Required for School Attendance

<sup>1</sup>The attendance of every child at every public and private school in the state and licensed day care center shall be conditioned upon the presentation before or on each child's first day of attendance of proof of either 1) full immunization, 2) the initiation of ....a schedule of immunization, or 3) a certificate of exemption as provided for in RCW28A.210.090.

**EXEMPTIONS:** 

MEDICAL exemption requires a physician's signature Personal/Religious exemptions require the signature of a parent/guardian

<sup>2</sup>Refer to 2005 Recommended Childhood Immunization Schedule:

http://www.cdc.gov/nip/recs/child-schedule.htm#Printable.

<sup>3</sup>Minimum acceptable doses are for children who were not fully immunized as infants or preschoolers and are exceptions to the recommended schedule for full immunization.

<sup>4</sup>DTaP: Children who are past their 7th birthday should not be given DTP/DTaP vaccine. Such children can fulfill this requirement with 3 doses of DTP/DTaP/DT or Td or a combination of same.

<sup>5</sup> **Polio** – Recommended schedule is for the 4<sup>th</sup> dose to be given after student's 4<sup>th</sup> birthday. There may be all OPV, all IPV or a combination of OPV/IPV.

<sup>6</sup>MMR: Laboratory evidence of immunity to measles, mumps and rubella may be substituted for the MMR vaccine. Immunity to one of the three diseases does not mean there is immunity to the other two.

<sup>7</sup>MMR: A 2nd MMR is recommended and preferred but students can be considered fully immunized with 2 doses of measlescontaining vaccine, both given on or after the first birthday and at least 28 days apart.

<sup>8</sup>Hepatitis B: Recommended schedule for infants is:

2<sup>nd</sup> dose to be given 1-3 months after 1<sup>st</sup>; 3<sup>rd</sup> dose to be given 2-6 months after 2<sup>nd</sup>, but

3<sup>rd</sup> dose should not be given less than 4 months after the 1<sup>st</sup>, and

3<sup>rd</sup> dose should not be given before 24 weeks of age.